

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 56 055

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		(1)				
5		(1)				
6		(1)				
7		(1)				
8	1					
9		1				
10		2				
11		2				
12		2				
13		2				
14		(1)				
15	1					
16		1				
17		1				
18	1					
19		1				
20		1				
21	1					
22		1				
23		2				
24	1					
25		1				
26	1					
27		1				
28	1	(1)				
29		(1)				
30		(1)				
31		(1)				
32		(1)				
33		(1)				
34		(1)				
35		(1)				
36		(1)				
37		(1)				
38		(1)				
39		(1)				
40	1					
41		1				
42		1				
43		(1)				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	40	←		←		←
TOTAL CLAIMS	48					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						